

# RED FLAGS

# Chest Pain

- Large Ant.M.I:hypotension,pulmonary edema,or oliguria.
- Pulmonary Embolism:Tachycardia,tachypnea,hypoxia
- M.I:ST segment elevation or new LBBB
- Ruptured papillary muscle:New systolic mitral murmur.
- Aortic dissection:Mediastinal widening CXR
- Cocaine abuse:Arrhythmia&or chest pain in younger pt.

# DVT

- Dyspnea, tachypnea
- Chest pain
- Syncope
- Hypotension, pulmonary edema, cyanosis
- Fever

# DM hyperglycemic crisis

- DKA:
  - \*Rapid onset <24h | mild deh.
  - \*N/V | rapid/deep breath
  - \*Abdominal pain | fruity swelling breath
  - \*Malaise
  - \*type 1
- \*HHS :
  - \*Gradual onset | more severe deh.
  - \*mental status changes=coma
  - \*type 2

# Thyroid Nodule

## strong

- Clinical Hx:
  - \*Family Hx of medullary thyroid CA or MEN.
  - \*Rapid growth of nodule.
- \*Physical exam:
  - \*Firm or hard nodule
  - \*Nodule fixed
  - \*Paralysis of vocal cords
  - \*LAP

# Thyroid Nodule

## moderate

- Clinical Hx:
  - \*Male sex
  - \*pt age less than 20/older than 65
  - \*Previous radiation to the head or neck
- Physical Exam:
  - \*Nodule greater than 4cm or partially cystic
  - \*Symptoms suggesting compression (dysphagia/hoarseness/dyspnea)

# High Risk of Serious Nutritional Problems

- Weight loss of  $>5\%$  in 1 month/  $7.5\%$  in 3 month/  $10\%$  in 6 month
- Weight loss or gain associated with other systemic symptoms
- History of upper gastrointestinal surgery or disease.

# Sore Throat

- Peritonsillar abscess: Hot-potato voice/toxic appearance/altered mental status.
- EMN with increased risk of splenic rupture: Splenic enlargement
- Respiratory compromise: increased resp. rate/enlarged tonsils/cervical LAP.





# Abdominal and pelvic pain devami

- Examination
  - \*shock :perforation or rupture with intraabdominal hemorrhage or peritonitis severe pancreatitis
  - \*Distention: Bowel obst., ileus, volvulus, toxic megacolon, bowel ischemia, abdom. aortic aneurysm, ascites
  - \*Focal peritoneal signs: Appendicitis, diverticulitis, cholecystitis, chol angitis, abscess, PID, pancreatitis

# Elevated LFT

- Abdominal pain
- Elevation of other markers of liver function
- Hematemesis
- Rectal bleeding
- Signs of advanced liver failure:
  - \*spider angiomas
  - \*lower extremity edema
  - \*CHF
  - \*HJR

# Dyspepsia

- Cancer: unexplained weight loss/anorexia/dysphagia/melena/anemia/heme+ stool/long standing reflux symptoms.
- Bleeding ulcer: Hematemesis/melena/hematochezia/heme+ stool/orthostatic hypotention/shock/anemia
- Obstruction: Dysphagia/odynophagia/early satiety/recurrent vomiting/weight loss.
- Perforated ulcer: Sudden onset of severe abdm. Pain right/peritoneal signs/shock

# Dyspepsia

- Weight loss
- Persistent vomiting
- Dysphagia
- Anemia
- Bleeding(hematemesis,hematochezia,melana)
- Nighttime awakening
- Fever

# Risk Factors for Severe Acute Lower GI Bleeding

- \*HR $\geq$  100 beats/minute
- \*Systolic BP $\leq$  115
- \*Syncope
- \*nontender abdominal examination
- \*bleeding per rectum during first 4h of evaluation
- \*Aspirine use
- \*More than 2 active comorbid conditions(HF,IHD,Renal F,LF,cancer)

# ALGIB Interpretation

- \* $\geq 3$  risk factors: high (approximately 80%) risk of severe bleeding
- \*1-3 risk factors: moderate (approximately 45%) risk of severe bleeding
- \*0 risk factors: low (approximately  $< 10\%$ ) risk of severe bleeding

# Breast Cancer

- Pain: Unilateral/noncyclic.
- Nipple discharge: Unilateral  
watery, serous, serosanguineous, bloody.  
single duct
- \*Breast Mass: Unilateral/hard, immobile/noncystic
- \*History: Postmenopausal  
Personal Hx of breast Ca  
Family Hx of breast Ca



# Complicated UTI

- Male gender
- Prepubertal or geriatric age
- Symptoms for more than 7 days
- An immunosuppressing condition
- An episode of acute pyelonephritis within the past year
- Known anatomic abnormality
- D.M
- Fever
- Flank pain or tenderness

# Pelvic Pain or Abnormal uterine Bleeding

- \*Uterine cancer: any vaginal bleeding in postmenopausal W or intermenstrual bleeding in a perimenopausal W, >5mm of thickness of endometrium on transvaginal U/S, palpable pelvic mass, or endometrial cells on Pap smear
- \*Ectopic pregnancy: amenore+unilateral pelvic pain+vaginal bleeding, may have adnexal fullness palpated on pelvic exam.

# Pelvic pain devami

- \* Missed or threatened abortion: amenore + severe pelvic cramping/pain & vaginal bleeding
- \* PID: Fever + purulent vag. Discharge + abd. vag. Pain + trnderness + malaise + septic appearance
- \* Tubo-ovarian abscess: same of above without discharge

# Criteria for hospitalization pt. with PID

- \*Nonresponse to oral therapy
- \*Pt. is pregnant
- \*Severe illness such as N/V/^fever
- \*Surgical emergencies cannot be excluded
- \*Tubo-ovarian abscess present
- \*Unable to follow or tolerate outpatient oral regimen

# Low Back Pain

- General: Failure to improve after 4-6w  
Night pain/pain at rest  
Progressive motor sensory deficit
- \*Cancer: Age >50  
Hx of CA  
Unexplained weight loss
- \*Infection: IV drug use  
Recent UTI or skin inf.  
Immunosuppression  
Fever or chills
- \*Fracture: Age >50  
Hx of osteoporosis  
Chronic oral steroid use  
Substance abuse  
Trauma

# Back Pain

- Bowel or bladder incontinence
- Anesthesia(saddle)
- Constitutional symptoms/malignancy
- Chronic disease
- Paresthesias Numbness
- Age > 50
- Iv drug use
- Neuromotor deficits
- Not relieve pain with rest or drug or at night
- Osteoporosis femal or CS drug use

# Sec. Headache

## RUPTURED Aneurysm

1-Sudden onset severe

headache”thunderclap”headache

2-worst headache of my life

3-Headache first occurring with exercise

\*New onset HA after age 50> Arteritis,intercranial mass

\*HA with fever,stiff neck or other systemic signs> Meningitis,encephalitis

\*HA with hx of trauma> Subdural hematoma

\*HA with focal neurologic signs or symptoms,or papilledema> Tm,subdural hematoma,epidural bleed

\*Similar,new-onset of HA in an acquaintance or family member> Environmental exposure such as Carbon Monoxide